

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 0000		2 Total pages this report: 1/11	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Ms. Melina			OFFICE USE ONLY Date Received 05 APR 29 PM 1:13 CITY CLERK DEPT.	
	NICKNAME LAST SUFFIX Castro				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9932 Ballistic El Paso TX 79924			Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Ms. Melina			Receipt # Amount	
	NICKNAME LAST SUFFIX Castro			Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9932 Ballistic El Paso TX 79924				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () -				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/29/2005 04/27/2005				
10 ELECTION	ELECTION DATE Month Day Year 05/07/2005		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

CITY CLERK DEPT.
05 APR 29 PM 1:13

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

5585.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

5568.71

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

633.73

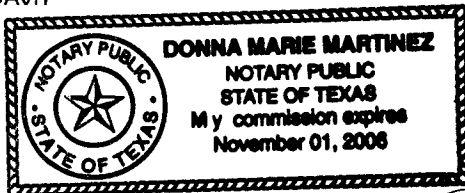
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

2320.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Melina Castro
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Melina Castro*, this the *29* day of *April*, 20*08*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
3/11

2 FILER NAME
Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date
04/14/2005

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Nick Bombach

6 Contributor address; City; State; Zip Code
6397 Calle Azul Way
El Paso TX 79912

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
04/15/2005

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Nick Bombach

Contributor address; City; State; Zip Code
6397 Calle Azul Way
El Paso TX 79912

Amount of contribution (\$)
3235.00

In-kind contribution description (if applicable)
for political poster boards

Principal occupation (Optional)

Employer (Optional)

Date
04/11/2005

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Arthur Renegal Damboise

Contributor address; City; State; Zip Code
10777 Port Arthur Ln
El Paso TX 79924

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
04/16/2005

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. David Escobar

Contributor address; City; State; Zip Code
8811 Alameda
El Paso TX 79907

Amount of contribution (\$)
750.00

In-kind contribution description (if applicable)
For Printing of Brochure Materials

Principal occupation (Optional)

Employer (Optional)

Date
04/19/2005

Full name of contributor ☐ out-of-state PAC(ID# _____)
David Escobar

Contributor address; City; State; Zip Code
8811 Alameda
El Paso TX 79907

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

CITY CLERK DEPT.
05/18/2005 PM 1:13

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

4/11

2 FILER NAME

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)

0000

4 Date

04/19/2005

5 Full name of contributor ☐ out-of-state PAC(ID# _____)

Lorna Escobar

6 Contributor address; City; State; Zip Code
8811 Alameda

El Paso TX 79907

7 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)CITY CLERK DEPT.
05 APR 29 PM 1:13**9** Principal occupation (Optional)**10** Employer (Optional)

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

5/11

2 FILER NAME

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)

0000

4

TOTAL OF UNITEMIZED LOANS:

↔↔↔↔↔↔↔

\$

0.00

5 Date of loan

04/06/2005

7 Name of lender

Ms. Patricia Castro

☐ out-of-state PAC(ID# _____)**9** Loan Amount (\$)

1000.00

6 Is lender a
financial Institution?

N

8 Lender address; City; State; Zip Code

3816 Rocio

El Paso TX 79936

10 Interest rate

7%

11 Maturity date

12/31/2005

12 Description of Collateral☒ none**13** GUARANTOR
INFORMATION☒ not applicable**14** Name of guarantor**15** Guarantor address; City; State; Zip Code**16** Amount Guaranteed (\$)**17** Principal Occupation**18** EmployerCITY CLERK DEPT.
APR 20 11:13 AM

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/11**2 FILER NAME**

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
0000**4 Date**

04/05/2005

5 Payee name

AUS Services

7 Amount(\$)
123.25**6 Payee address; City; State; Zip Code**

2020 Mills

El Paso TX 79901

8 Purpose of expenditure (See instructions regarding type of information required.)

Mailing

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

CITY CLERK DEPT.
05 APR 2005 PM 1:13**Date**

04/06/2005

Payee name

AUS Services

Amount(\$)
860.28**Payee address; City; State; Zip Code**

2020 Mills

El Paso TX 79901

Purpose of expenditure (See instructions regarding type of information required.)

Mailing

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/06/2005

Payee name

AUS Services

Amount(\$)
158.22**Payee address; City; State; Zip Code**

2020 Mills

El Paso TX 79901

Purpose of expenditure (See instructions regarding type of information required.)

Mailing

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/19/2005

Payee name

AUS Services

Amount(\$)
1402.42**Payee address; City; State; Zip Code**

2020 Mills

El Paso TX 79901

Purpose of expenditure (See instructions regarding type of information required.)

Last mail out

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
7/11**2 FILER NAME**

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
0000**4 Date**

04/20/2005

5 Payee name

Melina Castro

7 Amount(\$)
151.27**6 Payee address; City; State; Zip Code**

9932 Ballistic

El Paso TX 79924

8 Purpose of expenditure (See instructions regarding type of information required.)

To pay back personal expenses

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldCITY CLERK DEPT.
05 APR 2005 1:13**Date**

04/19/2005

Payee name

Clear Channel Outdoor

Amount(\$)
2497.00**Payee address; City; State; Zip Code**

2305 Sparkman

El Paso TX 79903

Purpose of expenditure (See instructions regarding type of information required.)

Poster Boards

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**

04/14/2005

Payee name

Diamond Shamrock

Amount(\$)
20.00**Payee address; City; State; Zip Code**

10001 Dyer St.

El Paso TX 79924

Purpose of expenditure (See instructions regarding type of information required.)

Gasoline for Vehicle used to visit homes

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**

04/16/2005

Payee name

Gail L. Mortimer

Amount(\$)
55.00**Payee address; City; State; Zip Code**

P.O. Box 335

Sandwich MA 02563-0335

Purpose of expenditure (See instructions regarding type of information required.)

Editing and proofreading

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
8/11**2 FILER NAME**

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
0000**4 Date**

04/21/2005

5 Payee name

T-mobile

7

Amount

(\$)

150.00

6 Payee address; City; State; Zip Code

P.O. Box 790047

St. Louis MO 63179-0047

8 Purpose of expenditure (See instructions regarding type of information required.)

Telephone service

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldCITY CLERK DEPT.
05 APR 20 PM 1:13

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
9/11

2 FILER NAME

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 04/15/2005	5 Payee name Circle K	8 Amount (\$) 3.27
	6 Payee address; City; State; Zip Code 10616 Mc Combs El Paso TX 79924	
	7 Purpose of expenditure (See instructions regarding type of information required.) Snacks	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/09/2005	Payee name Dairy Queen	Amount (\$) 5.14
	Payee address; City; State; Zip Code 10050 Fairbanks El Paso TX 79924	
	Purpose of expenditure (See instructions regarding type of information required.) Snack for volunteers	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/08/2005	Payee name Diamond Shamrock	Amount (\$) 23.66
	Payee address; City; State; Zip Code 9950 Gateway North El Paso TX 79924	
	Purpose of expenditure (See instructions regarding type of information required.) Gas for walking	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/12/2005	Payee name Diamond Shamrock	Amount (\$) 20.00
	Payee address; City; State; Zip Code 10001 Dyer St. El Paso TX 79924	
	Purpose of expenditure (See instructions regarding type of information required.) Gas for walking	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/10/2005	Payee name Good Time Store	Amount (\$) 20.00
	Payee address; City; State; Zip Code 9404 Mc Combs El Paso TX 79924	
	Purpose of expenditure (See instructions regarding type of information required.) Gas for walking	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
10/11

2 FILER NAME

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 04/16/2005	5 Payee name La Malinche	8 Amount (\$) 14.29
	6 Payee address; City; State; Zip Code 9109 Dyer St. El Paso TX 79924	
	7 Purpose of expenditure (See instructions regarding type of information required.) Dinner after walking for volunteers	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/17/2005	Payee name Northpark Shamrock	Amount (\$) 19.78
	Payee address; City; State; Zip Code 9430 Dyer St. El Paso TX 79924	
	Purpose of expenditure (See instructions regarding type of information required.) Gas for walking	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/07/2005	Payee name Pepes Chicken	Amount (\$) 11.89
	Payee address; City; State; Zip Code 9455 Dyer El Paso TX 79924	
	Purpose of expenditure (See instructions regarding type of information required.) Lunch for volunteers	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/15/2005	Payee name Pepes Chicken	Amount (\$) 10.16
	Payee address; City; State; Zip Code 9455 Dyer El Paso TX 79924	
	Purpose of expenditure (See instructions regarding type of information required.) Lunch for volunteers	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/15/2005	Payee name Taco Cabana	Amount (\$) 11.89
	Payee address; City; State; Zip Code 4810 Hondo Pass El Paso TX 79924	
	Purpose of expenditure (See instructions regarding type of information required.) Dinner for volunteers	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
11/11**2** FILER NAME

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
0000**4** Date

04/10/2005

5 Payee name

Wienerschnitzel

6 Payee address;
10008 DyerSt.

City; State; Zip Code

El Paso TX 79924

7 Purpose of expenditure (See instructions regarding type of information required.)
Lunch for volunteers while walking**8**Amount
(\$)

11.21

Reimbursement
from political
contributions
intendedCITY CLERK DEPT.
APR 10 2005 PM 1:14